| PATENT APPLICATION FEE DETERMINATION RECORD  Effectiv October 1, 2001  Application or Doctor Number    000 2058   100 3440   100   1 |                               |                                   |           |                        |       |                     | ber                    |
|--|-------------------------------|-----------------------------------|-----------|------------------------|-------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |                               |                                   |           | YIIIY                  | CR.   | OTHER<br>SMALL      |                        |
| TOTAL CLAIMS   | 20                            |                                   | RATE      | FEE                    |       | RATE                | FEE                    |
| FOR  | MARKER FILED                  | MANBER EXTRA                      | BASIC PE  | 370.00                 | OR    | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  | OS earnim CAS                 | •                                 | X\$ 93    |                        | OA    | X\$18=              |                        |
| INDEPENDENT CLAIMS   | = E eunim A                   |                                   | X42+      |                        | OR    | X84=                | 84                     |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                               | +140=                             |           | OR                     | +280= |                     |                        |
| * If the difference in column 1 is   | less then zero, enter         | "O" in column 2                   | TOTAL     | -                      | CR    | TOTAL               | gray                   |
| D 21 H (Column 1) (Column 2) (Column 3)  |                               |                                   |           | ENTITY                 | OR    | OTHER               |                        |
| CAMB CLAIMS REMANNIG AFTER AMEROMENT   | PRICE PREVIO                  | EST<br>BER PRESENT<br>NISLY EXTRA | RATE      | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
| Total • 4  | time +                        | 20 - /                            | X\$ 9-    |                        | CR    | X\$18=              |                        |
| independent • 5  | Minus                         | 4.                                | X42=      |                        | OR    | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                               |                                   | +140=     |                        | OЯ    | +280=               |                        |
| - 1/0-   |                               |                                   | ADDIT, FE |                        | OR    | TOTAL<br>ADOIT, FEE |                        |
| 3/1/05 (Column 1) (Column 2) (Column 3)  |                               |                                   |           |                        |       |                     |                        |
| CLAMS REMARKING  | High<br>Num<br>Previo<br>Paid | BER PRESENT<br>OUSLY EXTRA        | RATE      | ADDI-<br>TIONAL<br>FEE | •     | RATE                | ADDI-<br>TIONAL<br>FEE |
| Total AMERICANE  | Minus                         | 0.                                | X\$ 9×    |                        | OR    | X\$18=              |                        |
| Independent • 3  | Minus                         | 41                                | X42=      |                        | OR    | X84=                |                        |
| FRAST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                               |                                   | +140=     |                        | OЯ    | +280=               | _                      |
|  | ٠                             | •                                 | ADDIT. FE |                        | OR    | TOTAL<br>ADDIT, FEE |                        |
| 7-25-05(Calumn 1) (Column 2) (Column 3)  |                               |                                   |           |                        |       |                     |                        |
| U REMARING   | HUGH<br>NUM<br>PREVI<br>PAID  | SER PRESENT                       | RATE      | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
| Total • / /  | Minus                         | 20 • /                            | X\$ 9=    |                        | OR    | X\$18=              |                        |
| Independent • 3  | Minus                         | 4 -                               | X42=      |                        | OR    | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                               |                                   | +140=     |                        | OR    | +280=               |                        |
| <ul> <li>If the entry in column 1 to been then the entry in column 2, write "0" in column 3.</li> <li>If the "Paghesi Number Pr viously Paid For" by THES SPACE is less than 20, enter "20."</li> </ul>  |                               |                                   |           |                        | OR    | TOYAL<br>ADDIT. FEE |                        |
| The Trighest Number Priviously Paid For' IN THIS SPACE is less than 3, enter "3."  ADDIT, FEE  |                               |                                   |           |                        |       |                     |                        |

FORM PTO-675 (Rox 801)

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